Commentary: Inclusive Community Engagement: a Grounding Principle for Collaborative Problem Solving

As professionals who work daily in the trenches of community collaboration, we see and hear a lot of rhetoric and experience much "lip service" paid to the notion of collaboration. We find that most groups and individuals coming together to address their community problems do not seem to grasp the full dimensions of the collaborative process or how to evaluate its effectiveness. We find the article "Broadening Participation in Community Problem Solving: a Multidisciplinary Model to Support Collaborative Practice and Research" and the Community Health Governance (CHG) model presented therein to be an extremely important step toward clarifying and defining collaborative effectiveness. This model can prove very useful to community residents and groups as they struggle to define their role and participation in community collaborations.

Those of us who work directly in and with communities have to be honest about what it is we are asking collaborators to take on. As in the CHG model, we urge collaborations to take on a process that engages people in identifying common issues, problems, and goals and mobilizes resources and develops, prioritizes, and implements strategies for reaching those goals.

Engaging community members and groups in collaboration is not about inviting them to be foot soldiers for an already determined initiative that is for or about them. Neither is it about community groups simply collecting data, holding focus groups, mobilizing the community, or otherwise validating an externally driven initiative. It is no longer acceptable for "professionals" to determine the issues and think that they, because of their "expertise," know how to fix them. If the people who are affected do not participate in and "own" the solutions to the problems, implementations will be half-hearted at best, probably misunderstood, and, more likely than not, fail.

True community engagement is about effectively including people whose lives are or will be affected by an initiative in all decision making. Already, we are seeing grassroots advocates ask many of the questions posed in this article and the CHG model. If we are committed to bringing about community change, then we must be prepared to use a collaborative model in which engagement is inclusive—every partner participates with equal voice.

This article describes a truly new paradigm shift that can have a major impact on the way that community members and groups participate in collaborations. It shows us that the traditional way of doing the business of community partnership has been lopsided, with professionals and control of money often dominating the process. The money that brings diverse partners to the table is often the "white elephant" that sits on the table, ever present but seldom acknowledged. Many times, the grant-receiving agency assumes that its fiscal responsibility gives it a dominant—if not ultimate—say in the direction of the collaboration. In fact, from the community's perspective, money is often just one of many white elephants that plague collaborations.

Issues of race, knowledge, skills, education, community history, and personal or professional agendas also plague collaborations. Many "professionals" do not respect community residents' ability to define issues or determine possible solutions.

Most often, the community leaders brought to the table are the "usual suspects," those identified as leaders by outsiders to "represent" their community and who tend to be those with whom professionals are more comfortable.

In addition, professionals must be prepared to strip themselves of jargon and acronyms and take steps to ensure that we talk a common language. For example, if a partnership is discussing the issue of affordable housing, quality of heath care, or kindergarten readiness, everyone may agree these are key to community growth. Yet, we seldom take time to define these terms and what we mean by the community goals on which we think we agree.

If the principles of the CHG model are followed, none of the partners wave a bigger stick because of money, expertise, power, position, or other resources. Grassroots community participants are respected as much as the person who sits at the table because his or her agency received the funding or because of her or his "expertise." True collaboration seeks to bring many people from many perspectives to the table to engage actively in the process. We will refuse to bring individuals and groups to the table simply to listen, affirm, validate, or support collaborative efforts. We will bring individuals and groups to the table to be engaged fully in the process. The CHG model rightly urges us to create a common language to define our issues and the way we talk about them. Without speaking a common language, can we ever engage in meaningful dialogue about issues that plague our communities?

Collaborations are truly effective when partners are willing to move past the activity-based model that leads us to work in "silos" and move to the issue-based model. If we want to reduce cancer in a given area, we must be willing to engage all the partners in discussion of the theories, conditions, and circumstances surrounding and relating to it, including those issues we have historically deemed important, but not in the purview of our collaborative. How do these issues contribute to the problem and to its solution? What is the relationship between issues voiced by the community and our understanding of the problem? As the model so aptly points out, community problems are multifaceted and require complex solutions. They cannot be addressed by focusing on one aspect of the problem at a time or in isolation. The collaborative process allows us to address issues from multiple perspectives, combining our knowledge and our actions.

The power of the CHG model is that it forces us to deal with issues before we deal with solutions. In activity-based initiatives, we leave a meeting with our individual tasks—working in silos—coming back a month later to report on our progress. We applaud the CHG model because it creates synergy: a new energy and new knowledge created when all collaborators struggle together to define issues and find answers.

The bottom line is that creating and maintaining a multidisciplinary collaborative process is hard work. It is messy, loud, and often not linear. It can be slow, not time efficient, and require much patience. But, it is effective, and it can work. As this article describes, the work of the Community Health Governance model is a major investment with the potential for big payoffs for communities.

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